## FORM D

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# FORM D

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

<u> </u>	<u> </u>
OMBAPPE	OVAL
OMB Number:	3235-0076
Expires:	April 30, 2008
Estimated averag	e burden
hours per respons	s <b>e</b> 16.00
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Name o'Offering ( check if this is an amendment and name has changed, and indicate change.)  NLC Frisco LP, I.LP's Regulation D offering
Filing Under (Check box(es) that apply): Rule 504 X Rule 505 Rule 506 Section 4(6) ULOE
Type of Filing: New Filing X Amendment
A. BASIC IDENTIFICATION DATA  SEGURATION DATA
1. Enter the information requested about the issuer
Name of Issuer ( Check if this is an amendment and name has changed, and indicate change.)
NGO THIS COLL SECTION OF THE SECTION
Address of Executive Offices (Number and Street, City, State, Zip Code) 4774 Parkside Dr. Frisco, TX 75034  (Number and Street, City, State, Zip Code)  6469 202 7062
Address of Principal Business Operations (Number and Street, City, State, Zip Code)  Telephone Number (Including Area Code)  (if different from Executive Offices)
Brief Description of Business
Latino Cuisine Quick Casual Restaurant in Frisco, Texas
Type of Business Organization  [] corporation  [] business trust  [] limited partnership, already formed  [] imited partnership, to be formed  [] other (please specify):
Month Year  Actual or Estimated Date of Incorporation or Organization: 0 8 0 6 Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada; FN for other foreign jurisdiction)  PROCESSED
GENEFAL INSTRUCTIONS OCT 1 5 2007
Federal  Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.  THOMSON 77d(6).
When to File: A notice roust be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commiss on (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.
Copies Pequired: Five (3) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.
Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be fi ed with the SEC.
Filing Fire: There is no federal filing fee.
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales

**ATTENTION** 

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The appendix to the notice constitutes a part of

this notice and must be completed.

					A. BASIC ID	ENTIFICA	ATION DATA	_				
2. E	nter the information requ	ested for t	he following:	;	· · · · · · · · · · · · · · · · · · ·							
	Each promoter of th	e issuer, i	f the issuer ha	as been or	ganized within the p	ast five year	rs;					
•1	Each beneficial own	ner having	the power to	vote or d	ispose, or direct the	vote or disp	osition of, 10% or mo	re of a cla	ss of equity s	ecurities	of the issuer.	
**	Each executive office	cer and dir	ector of corp	orate issu	ers and or corporate	general and	managing partners of	partnersh	ip issuers; an	đ		
O	Each general and m	anaging p	artner of part	nership is	suers.							
Check !	Box(es) that Apply:	x	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner	
Pic	azo, Dante											
Full Na	me (Last name first, if in	dividual)										
	Parkside Dr. Fri			City, Stat	e, Zip Code)		<del>.</del>					
Check	Box(es) that Apoly:	X	Promoter	X	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner	,
	orey, Travis										<del></del>	
Full Na	me (Last name first, if inc	dividual)										
47	74 Parkside Dr. Fi s or Residence Address	risco, T	X 7503	City Sect	a Zin Code)				• •			
Dusilie i	s of Residence Address	(Numbe	r and Street,	City, State	e, zip Code)							
Check E	Box(es) that Apply:	X	Promoter	X	Beneficial Owner		Executive Officer		Director	[X]	General and/or Managing Partner	
	agee, Michael					.,						
Fuli Na	me (Last name first, if ind	dividual)										
	74 Parkside Dr. F s or Residence Address			City Stat	a Zin Coda)			<u>,                                      </u>				
Dusines	s or residence Address	(Mullibe	and street,	Chy, Stat	e, Zip Code)							
	Box(es) that Apply:	X	Promoter	X	Beneficial Owner		Executive Officer		Director	X	General and/or Managing Partner	
	Blanc, Kirk me (Last name first, if ind	المسامة المساك				•			·			
		ŕ										
	7 <u>4 Parkside Dr. F</u> s or Residence Address			City, State	e. Zip Code)				<del> </del>		<del></del>	
		(	,	,,	-, <u>-</u> .,,							
Check E	Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner	
Full N:u	me (Last name first, if inc	dividual)		<del></del>	·						<del></del>	
Busines	s or Residence Address	(Numbe	r and Street,	City, Stat	e, Zip Code)		<del></del>				<del></del>	
Check F	Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner	
Full N 1	me (Last name first, if inc	dividual)										
Busines	s or Residence Address	(Numbe	r and Street,	City, State	e, Zip Code)							
Check E	Box(es) that Apply:		Promoter		Beneficial Owner	. 🗆	Executive Officer		Director		General and/or Managing Partner	
Full N u	me (Last name first, if inc	dividual)				-	·				<del></del>	
Busines	s or Residence Address	(Numbe	r and Street,	City, State	e, Zip Code)				<u></u>			
			(Use bla	ınk sheet,	or copy and use add	itional copie	es of this sheet, as nec	essary)			<u> </u>	

, ,	,				B. IN	FORMATION	ABOUT OF	FERING					
	×								1			Yes	No
1. H	las the is	ssuer sold, or	r does the issu									X	
						ppendix, Col		_					
2.	Vhat is t	he minimum	investment th	nat will be ac	cepted from	any individu	al?		•••••••	*******		\$ <u>25,00</u>	
3. I	oes the	offering per	mit joint own	ership of a si	ngle unit?							Yes X	No -
		٠.	requested for	•	_							LX	لبا
C) II	ommiss: f a perso r states,	on or simila n to be listed list the name	r remuneration is an associate of the broke u may set fort	n for solicita ited person o r or dealer. I	tion of purch r agent of a l f more than t	nasers in conn broker or deal five (5) person	ection with s ler registered ns to be lister	ales of secur with the SE	ities in the of Cand/or with	ffering, a state			
Full N	ame (La	st name first	, if individual	)									
Busine	ss or Re	sidence Add	ress (Number	and Street,	City, State, 2	Zip Code)		· · · · ·					
Name	of Assoc	iated Broke	r or Dealer									<del></del>	
States	In Whic	h Person Lis	ted Has Solic	ited or Inten	ds to Solicit	Purchasers			<del></del>				
C	Check ".	Ali States" o	r check indívi	dual States)								☐ All	States
Γ	AL	ĀK	[AZ]	AR	[ČĀ]	[CO]	CT]	DE	[DC]	[FL]	GA	Н	[ID]
٠.	IL	[N]	IA	[KS]	KY	LA	ME	MD	MA	MI	MN	MS	[MO]
<u>[</u>	МT	NE	NV	NH	NJ	NM	NY	[NC]	ND	OH	[OK]	OR	PA
	RI	[SC]		TN	TX	UT	VT	VA	WA	WV		[WY]	PR
Full N	ame (La	st name first	, if individual	)		<del>,</del>							
Busine	ss or Re	sidente Add	ress (Number	and Street,	City, State, Z	Lip Code)						<del> </del>	
Name :	of Assoc	iated Broke	r or Dealer										
													<u>-</u>
			ted Has Solic										
(;	Check ".	All States" o	r check indivi	dual States)					***************			☐ All	States
[	AL	ĀK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	[ID]
	IL	lN	lA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
٠.	MT N	NE	NV	NH	NJ	NM	NY	NC	ND	OH	[OK]	OR ]	[PA]
	RI	(SC)	SD	TN	[TX]	<u>(</u> עני	VT	VA	[WA]	[WV]	[WI]	[WY]	PR
Full N	ıme (La	st name first	, if individual	)									
Busine	ss or Re	siden æ Add	ress (Number	and Street,	City, State, Z	Lip Code)				·			
Name :	of Assoc	iated Broke	r or Dealer		·				·				
States I	In Whic	h Person Lis	ted Has Solic	ited or Intend	ds to Solicit l	Purchasers							
(	Check ".	All States" o	r check indivi	dual States)	••••••							☐ All	States
ŗ	AIL ]	AK	[AZ]	[AR]	CA	[CO]	[CT]	[DĒ]	[DC]	ſŦĹ	GA	ГНГ	ΠĎ
<u>.</u>	IL	<u>אר</u>	ĪA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
Ē.	<u>ন্</u> বা	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	OK	OR	PA
Ţ!	RI 🗍	[SC]	SD	TN	TX	[UT]	(VT)	[VA]	[WA]	[WV]	$[\mathbf{w}]$	[WY]	PR

	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check				
	this box and indicate in the columns below the amounts of the securities offered for exchange and				
	ilready exchanged.	<b>.</b>		٨	
	Type of Security	Aggregate Offering Price		Am	Sold
	Debt	. \$ _ 0	:	\$ <u>0</u>	
	Equity	.\$ 0	:	\$ <u>0</u>	
	☐ Common ☐ Preferred				
	Convertible Securities (including Warrants)	¢		•	
	Partnership Interests				
	·				
	Other (Specify)				
	Total	\$ <u>1,300,000</u>		<b>\$</b>	
	Answer also in Appendix, Column 3, if filing under ULOE.				
<u>!</u> .	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				<b>A</b>
		Number Investors			Aggregate ollar Amount f Purchases
	Accredited Investors	17	_	<b>s</b>	625,000
	Non-accredited Investors	3		<b>s</b>	75,000
	Total (for filings under Rule 504 only)	0		•	0
	Answer also in Appendix, Column 4, if filing under ULOE.		-		
١.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the tirst sale of securities in this offering. Classify securities by type listed in Part C — Question 1.				
	The state :	Type of		Do	ollar Amount
	Type of Offering	Security		_	Sold
	Rule 505	0	-	3 <u> </u>	_0
	Regulation A	0	-	<b>s</b>	_0
	Rule 504	0	-	<b>s</b>	_0
	Total	Q	-	<b>S</b>	_0
	Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees	1		<b>s</b>	
	Printing and Engraving Costs	·	<u>x</u>	\$ <u>2,0</u>	000
	Legal Fees.	· ·		\$ <u>25</u>	.000
	•			<b>\$_</b> 3.0	
	Accounting Fees		<u>^</u>	 S	
	Engineering Fees			<u> </u>	
	Sales Commissions (specify finders' fees separately)			·—	-
	Other Expenses (identify)		_	•	.000
	Total		X	\$ <u>30</u>	.000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	C. OFFERING PRICE, NUMB	ER OF INVESTORS, EXPENSES AND USE OF PROCEEI	OS	
	b. Enter the difference between the aggregate offering and total expenses furnished in response to Part C — Que proceeds to the issuer."	nestion 4.a. This difference is the "adjusted gross		\$_1,270,000
5.	Indicate below the amount of the adjusted gross proceed each of the purposes shown. If the amount for any purpoheck the box to the left of the estimate. The total of the proceeds to the issuer set forth in response to Part C—	ose is not known, furnish an estimate and e payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		<b>s</b>	- [X \$_115,000_
	Purchase of real estate		<u></u> \$	– □s
	Purchase, rental or leasing and installation of machiner		f	
	and equipment			- x \$ 270,000
	Construction or leasing of plant buildings and facilities		·	- X \$ 800,000
	Acquisition of other businesses (including the value of offering that may be used in exchange for the assets or			
	issuer pursuant to a merger)		<u>      \$</u>	_ 🗆 \$
	Repayment of indebtedness		<u> </u>	_ []\$
	'Working capital		<b>\$</b>	[X] \$ <u>115,000</u>
	Other (specify):		<u> </u>	_ [ \$
	·	· · · · · · · · · · · · · · · · · · ·	<u> </u>	_ [ \$
	Column Totals		\$	X \$_1,205,000
	Total Payments Listed (column totals added)		[X; \$,	1,270,000
		D. FEDERAL SIGNATURE		
sign the	issuer has duly caused this notice to be signed by the uncertaintee constitutes an undertaking by the issuer to furnish to information furnished by the issuer to any non-accredited	o the U.S. Securities and Exchange Commission, upon vinvestor pursuant to paragraph (b)(2) of Rule 502.	written request of its staff	
	er (Print or Type) NLC Frisco LP, LLP	Signature M. Mage	Date 9/25/07	
	ne of Signer (Print or Type)	Title of Signer (Print or Type)  Manager of the General Partner		

- ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE			
l.	Is any party described in 17 CFR 230.262 present provisions of such rule?			Yes	No [X
		See Appendix, Column 5, for state respo	nse.		
2.	The undersigned issuer hereby undertakes to fur D (17 CFR 239.500) at such times as required by		e in which this notice is filed a notice	on Form	
3.	The undersigned issuer hereby undertakes to fur issuer to offerees.	mish to the state administrators, upon writ	ten request, information furnished by	the	
٤٠.	The undersigned issuer represents that the issuer Limited Offering Exemption (ULOE) of the stat of this exemption has the burden of establishing	te in which this notice is filed and understa			
	er has read this notification and knows the contents norized person.	s to be true and has duly caused this notice	to be signed on its behalf by the und	ersigned	
ssuer (P	rint or Type)	Signature	Date	· <del></del>	
1- · · · · (D)	rint or Type)	Title (Print or Type)			

## Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				Al	PPENDIX				
1	Intend to non-ac		Type of security and aggregate offering price offered in state (Part C - Item 1)		amount pure	4 investor and chased in State C - Item 2)		Disquali under Stat (if yes, explana waiver g	fication te ULOE attach tion of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
Al.									
AK									
Αί									
AR									 
CA									
CO									
CT.					<u> </u>				i
DE									
DC									
FI.									
GA									
HI	·								
IE									
IL									
IN	•								
lA									
KS									
KY'									
LA.									
ME									
MD	,								
MA	<del></del>								
Ml									
MNI									
MS.		X		1	\$25,000	0	0		х

				APP	ENDIX				
1	Intend to non-ac investors		Type of security and aggregate offering price offered in state (Part C - Item 1)		amount pur	4 investor and chased in State C - Item 2)		under Sta (if yes, explana waiver	ification te ULOE attach
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
MO									
МТ									
NE									
NV								-	
NH									
N.I									
NM									
NY									
NC									
ND									
ОН									
OF:	,							-	1
OE									
P≉.									
RI									
SC		<u> </u>							
SE									
TP.							<u></u>		
TX:	X		\$1,300,000	17	\$625,000	3	\$75,000		X
U1								1	
VJ'	_								
VA.									
WA.								-	
wv									
Wl									

				APP	ENDIX				
1	<del></del>	2	3			4		5 Disquali	
	to non-ac		Type of security and aggregate offering price offered in state (Part C - Item 1)		amount pui	investor and rchased in State C - Item 2)		under Sta (if yes, explana waiver (	attach tion of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
W۲	·····								
PF:									

